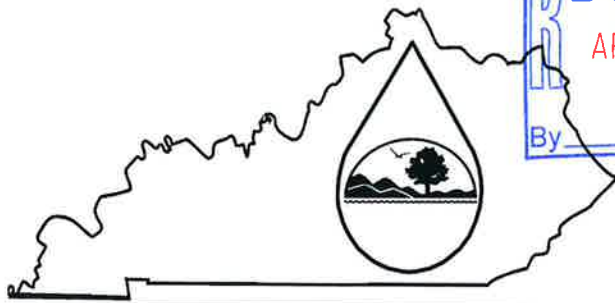


KPDES FORM 1

AZ# 4024



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

-0-

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

0040034

A. Name of Business, Municipality, Company, Etc. Requesting Permit

Todd County Board of Education

B. Facility Name and Location

Facility Location Name:

North Todd Elementary

Facility Location Address (i.e. street, road, etc., not P.O. Box):

7300 Greenville Rd

Facility Location City, State, Zip Code:

Elkton, KY 42220

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address:

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☒ Ms. ☐

DARRIN K. COLE

Mailing Address:

205 Airport Rd

Mailing City, State, Zip Code:

Elkton, KY 42220

Facility Contact Telephone Number:

270-265-9418

Owner's Telephone Number (if different):

270-265-2436

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Sewage for restrooms and kitchen in school are the only contributors.
The plant services app. 450-500 students and staff.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

8211

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Todd

City where facility is located (if applicable):

C. Body of water receiving discharge:

unamed tributary to North Fork of Whipoorwill Creek

D. Facility Site Latitude (degrees, minutes, seconds):

36° 54' min 38 sec

Facility Site Longitude (degrees, minutes, seconds):

87° 9' min 37 sec

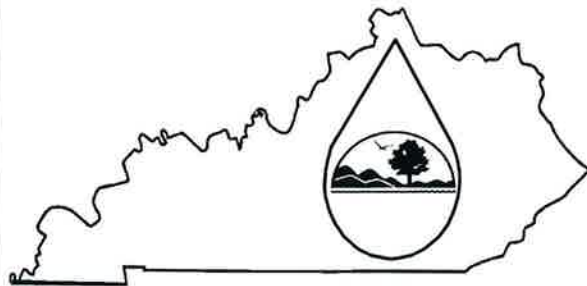
E. Method used to obtain latitude & longitude (see instructions):

GPS

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

AI # 4024

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Todd North Todd Elementary							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				5			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 700 students, faculty & staff							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				1000 7,000 GPD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1	36	54	35	87	09	32	UN-NAMED WATER WAY
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Waste Water - Sanitary	7000 GPD	Detention, Aeration, Settlement	5-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony	<input type="checkbox"/> Copper	<input type="checkbox"/> Silver
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Lead	<input type="checkbox"/> Thallium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Zinc
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Chromium	<input type="checkbox"/> Selenium	

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

Ø

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	Ø per year	Ø per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	Ø per year	Ø per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Ø

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
NORTH Todd Elementary	760 Students & Staff
TOTAL POPULATION SERVED	760

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	18	18	4 comp
TOTAL SUSPENDED SOLIDS	23	23	4 comp
FECAL COLIFORM	20	20	1 grab
TOTAL RESIDUAL CHLORINE	N/A	N/A	N/A
OIL AND GREASE	N/A	N/A	N/A
CHEMICAL OXYGEN DEMAND	N/A	N/A	N/A
TOTAL ORGANIC CARBON	N/A	N/A	N/A
AMMONIA	170	170	4 comp.
DISCHARGE FLOW	.002	.002	
pH	7.4	7.4	1 grab
TEMPERATURE (WINTER)	9.5°C	9.5°C	1
TEMPERATURE (SUMMER)	19.5°C	19.5°C	1

B. Frequency and duration of flow:	N/A
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Michael D. Kenner, Superintendent	(270) 265-2436
SIGNATURE	DATE
Michael D. Kenner	5/27/09